

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
REQUEST FOR PAYMENT FOR SEX OFFENDER EVALUATION AND/OR TREATMENT

To: _____, Re-entry Operations, _____ Region
From: _____, Bureau Chief, _____ Bureau
RE: _____, (Case Name) _____ NYSID #
Date: _____

The above referenced releasee is indigent and has a condition of supervision for sex offender evaluation and/or treatment. Public safety would be jeopardized by the lack of sex offender evaluation and/or treatment services.

This request is a (check one):

First request: ☐

Extension request: ☐

Funds are requested for sex offender evaluation and/or treatment as follows:

Provider Name and Address: _____

Dates of Service: From: _____ To: _____

Total Costs: _____

Additional Information: _____

Bureau Chief Signature: _____ **Date:** _____

FOR REGIONAL OFFICE USE ONLY:

Regional Director/Designee Action: ☐ Approved ☐ Not approved

Regional Director/Designee Signature: _____ **Date:** _____

cc: case file